Category: EXO.1 Expeditionary Medical Operations

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Area EXO.1.1 Medical Readiness Planning and Deployment Processing

Introduction This section contains all areas and elements related to medical readiness planning and deployment processing support.

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Element EXO.1.1.1

Annual Training Plans

Evaluation Criteria

- Commander and executive management committee:
  - -- Prioritized training requirements
  - -- Allocated resources to ensure training requirements were met
  - -- Required development of effective, efficient and comprehensive training plans
    - --- Cooperative effort required input from appropriate sources, such as:
      - ---- Unit training manager
      - ---- AFSC functional training managers (RSVP)
      - ---- Medical readiness officer/NCO
  - -- Evaluated unit training/readiness programs to assess if personnel could perform wartime and peacetime responsibilities
- Organization planned, developed, coordinated and implemented a comprehensive annual training plan that encompassed:
  - -- Unit training assemblies (UTA)
  - -- Annual tours (AT)
- UTA training plans included:
  - -- Proficiency (tasks) and knowledge based requirements
    - --- OJT upgrade requirements (core and duty tasks)
    - --- AFSC-specific sustainment training requirements (RSVP)
  - -- Developed training affiliation agreements (if appropriate/applicable)
  - -- Readiness training/exercise requirements
- Annual Tour training plans:
  - -- Ensured assigned personnel completed appropriate AT training or equivalent (e.g., real world deployment, formal school, etc.)
    - --- Skill level based
    - --- Plans identified and contained specific training objectives
      - ---- CFETP core task requirements
      - ---- RSVP requirements
      - ---- Readiness requirements (if applicable)
  - -- Coordinated with host MTF prior to tour (when applicable)
    - --- Validated identified objectives could be trained
  - -- End of tour reports (AFRC) submitted to HHQ

Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs

are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Planning process was deficient, did not address all AFSCs
- UTA training plans were not comprehensive
- AT plans did not address individual training objectives

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- Unit training plan was inadequate
- Personnel did not complete AT training (or equivalent)
- Planning did not address AFSC specific training requirements
- AT requirements or plans were not communicated to host unit
- After-action reporting failed to address training effectiveness

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

Protocol

P-30 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.

Reference(s)

- AFI 36-2201 V3, Air Force Training Program On the Job Training Administration, 30 Sep 02
- AFMAN 36-8001, Reserve Personnel Participation and Training Procedures, 14 Mar 03
- AFI 41-106, Medical Readiness Planning and Training, 12 Feb 03
- AFRCI 10-204, Air Force Reserve Exercise and Deployment Program, 7 Nov 02
- AFRCI 41-102, Air Force Reserve Medical Services Sustainment Program, 14 Jul 00
- ANGI 36-2001, Management of Training and Operational Support Within the Air National Guard, 15 Jan 97
- HQ USAF/SGX memorandum, Implementation of Readiness Training Requirements, 23 Jan 03

Element EXO.1.1.2

Readiness Reporting – Aerospace Expeditionary Forces Reporting Tool (ART)/Medical Readiness Decision Support System (MRDSS)/Status of Resources and Training System (SORTS)

Evaluation Criteria

- Commander:
  - -- Appointed unit SORTS monitor/alternate in writing
  - -- Reviewed/initialed the Designed Operational Capability (DOC) statement annually and as changes occur
  - -- Reviewed, certified accuracy, and approved SORTS report
  - -- Reviewed MRDSS data monthly (WBITS for AFRC)
  - -- Provided UTC readiness assessment comments monthly for ART
- MRO/MRNCO (or designee):
  - -- Ensured MRDSS data was updated monthly (WBITS for AFRC units, or designated system) and information was briefed/presented to EMC at least quarterly
- Unit SORTS monitor:
  - -- Ensured report included all required elements of the DOC statement plus additional elements defined in supplements
  - -- Validated report data using easy read or equivalent product
  - -- SORTS reports were properly annotated (as required):
    - --- Used appropriate reason codes
    - --- Forecasted get-well dates for all deficient areas
    - --- Explained get-well date extensions
    - --- Explained shortfalls in remarks
  - -- Ensured commander assessments sufficiently explained rating adjustments
  - -- Skill level or AFSC substitutions were authorized/appropriate
  - -- Briefed commander monthly
  - -- ANG units:
    - --- Developed/maintained SORTS folder IAW ANGSUP1
- ART:
  - -- Appointed/trained personnel IAW wing/group direction
  - -- Designated ART OPR by letter/e-mail as directed by MAJCOM for data entry access approval
  - -- Accomplished report on all UTCs allocated to an AEF, AEW, Lead Mobility Wing or designated Enabler
  - -- Ensured data and remarks adequately/accurately reflect UTC's capability
  - -- Ensured report submission met established timelines
  - -- Reviewed discrepancies noted in previous reports
    - --- Actions taken to correct discrepancies
  - -- Readiness/certification of assigned UTCs IAW Chapter 4 of AFI 10-244

Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:

- Insufficient explanation of commander's rating adjustments
- Report missing minor elements that did not impact overall rating

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Report errors were not corrected
- Information in the reports was inaccurate, or could be misinterpreted and result in erroneous readiness assessments
- Get-well dates were not realistic or not based on available information
- A deficient area was identified but would not affect the overall rating of the report
- Skill level or AFSC substitutions were inappropriate

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- Incorrect reporting which caused inaccurate readiness ratings
- Ineffective or insufficient oversight resulted in inaccurate reports

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-33 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.

Reference(s)

- AFI 10-201, Status of Resources and Training System, 12 Dec 03
- AFI 10-201/AFRCSUP1, 10 Jun 03
- AFI 10-201/ANGSUP1, 10 May 02
- AFI 10-244, Reporting Status of Aerospace Expeditionary Forces, 19 Feb 02
- AFI 41-106, Medical Readiness Planning and Training, 12 Feb 03

Element EXO.1.1.3 (formerly EXO.1.1.4)

Management of War Reserve Materiel (WRM) in Possession of Air Reserve Component (ARC) Units

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Evaluation Criteria

- WRM inventories were completed annually at minimum
  - -- Inventories were conducted IAW time requirements for stored assemblages and for assets returning from deployments and exercises; if not, extension requests were properly coordinated
- Dated and deteriorated items/equipment were properly managed
  - -- Expired items were:
    - --- Posted with new expiration dates when properly extended
    - --- Marked IAW current directives and guidelines
    - --- Decisions on retaining outdated items were made jointly by the host facility and detached facility commander or designated reviewer
- Inspection of warehouses/storage areas and assemblages were conducted and actions were taken to resolve noted deficiencies
  - -- Storage provisions for WRM prevented pilferage, vermin infestation and deteriorating effects of weather, light, moisture and extreme temperatures
- WRM assets were accounted for on the host medical supply account records
  - -- A support agreement clearly detailed responsibilities of the host medical supply account and the supported unit regarding WRM maintenance, storage, inventory, use, and distribution/deployment
  - -- Medical equipment repair support was coordinated between active duty host and supported units
  - -- Quality assurance listings and applicable portions of the WRM Medical Stock Status Report (MEDLOG) or Assemblage Status Report (DMLSS 3.X) were forwarded to supported units with WRM tasking
- Use of WRM assets for training exercises out of the local area, military emergencies, or natural disasters were properly coordinated with host unit

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-19 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

Reference(s)

- AFI 10-201, Status of Resources and Training System, 12 Dec 03
- AFI 10-403, Deployment Planning and Execution, 14 Apr 03
- AFMAN 23-110, Vol 5, Air Force Medical Materiel Management System – General, 1 Jan 02
- AFRC and ANG supplements, if applicable

Element EXO.1.1.4 (formerly EXO.1.1.5)

Base Support Plans (BSP)

Evaluation Criteria

- MRO/MRNCO:
  - -- Coordinated annual internal review of BSP(s)
  - -- Consolidated medical inputs
  - -- Submitted appropriate (and approved) changes to base plans office
- Base support/response plans:
  - -- Accurately reflected degree of support and medical unit capabilities
  - -- Changes/revisions were approved by EMC before submission to the base plans office
  - -- Interim changes/revisions were coordinated with appropriate work centers, approved and distributed
  - -- Annual review was documented in EMC meeting minutes
- Collocated AFRC units:
  - -- Listed as manpower resource in active component MCRP
  - -- Provided unit capability (e.g., number of personnel by AFSC, UTCs assigned, etc.) to include in MCRP
- AFRC units (non-collocated):
  - -- Reflected disaster response capabilities in BSP
  - -- Ensured wartime missions were included in the wing mobilization plan ANG units
  - -- Followed wing, state and higher HQ guidance (when applicable)
- Units tasked under MCRP or BSP identified disaster response training requirements:
  - -- MCRP team training (if applicable)
    - --- Coordinated development and participation of tasked AFRC personnel in scheduled training activities with active component
  - -- BSP
    - --- Planned exercises to evaluate viability of training programs
    - --- Training topics supported taskings
    - --- Coordinated/scheduled with MURT/exercise plan

Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:

- Follow-up/coordination with BSP tasked work centers was lacking
- There was minor, conflicting data within the plan(s)
- Number of personnel, AFSCs or UTCs were not identified to the active component for inclusion in the MCRP (if collocated)

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- No documented evidence of work centers, EMC or wing coordination and approval
- Inaccurate unit taskings in the plan, which could cause confusion during plan implementation and affect mission accomplishment
- No attempt had been made to coordinate and submit changes to base plans when there were significant changes in medical support capability
- Exercises or training topics did not support taskings
- Outdated base level plans were being maintained

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- Significant responsibilities, missions and tasks were not included in base level plans
- Multiple items missing from the plan that would cause confusion during plan implementation and could affect mission accomplishment
- Annual reviews had not been conducted

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-32 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.

Reference(s)

- AFI 10-402, Mobilization Planning, 1 Jan 97
- AFI 10-403, Deployment Planning and Execution, 14 Apr 03
- AFI 10-404, Base Support and Expeditionary Site Planning, 26 Nov 01
- AFI 10-2501, Full Spectrum Threat Response Planning & Operations, 24 Dec 02
- AFMAN 32-4004, Emergency Response Operations, 1 Dec 95
- AFI 41-106, Medical Readiness Planning and Training, 12 Feb 03
- AFRCI 10-101, Wing Plans Procedures, 24 Jan 01

Element EXO.1.1.5 (formerly EXO.1.2.1)

Pre-Deployment Preparation Requirements – Medical Personnel

Evaluation Criteria

- Unit had a systematic process to assign medical personnel to mobility positions
  - -- Staffing shortfall concerns were evaluated and reported to the medical readiness staff function/executive management committee
- LOGMOD or hard copy AF Form 4005, Individual Deployment Requirements, was used to track personnel preparedness and deployment-specific training, including any additional training required by the Installation Deployment Plan
- Personnel assigned to mobility positions met readiness requirements
  - -- Current and unique immunizations
  - -- ID tags and ID card
  - -- DD Form 93, Record of Emergency Data
  - -- Geneva Convention Card
  - -- Briefed on wills, power of attorney, family care plan and family readiness matters, as applicable, to the deploying member
- Deployment requirements were complete
  - -- Combat arms training completed triennially
  - -- NBCC Defense training completed each 15 months
  - -- NBCC TQT completed each 15 months
  - -- UTC training completed each AEF training cycle
  - -- Each UTC or mobility position processed annually, either during an exercise or for actual deployment
  - -- EOR initial training conducted
- Quantitative Fit Testing (QNFT) completed
- Unit developed and exercised recall procedures

Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-20 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

Reference(s)

- AFI 10-201, Chap 3, Status of Resource and Training, 12 Dec 03
- AFI 10-403, Deployment Planning and Execution, 14 Apr 03
- AFMAN 32-4006 Nuclear, Biological, Chemical (NBC) Mask Fit and Liquid Hazard Simulant Training, 1 Oct 99
- AFI 41-106, Medical Readiness Planning and Training, 12 Feb 03
- AFRCI 10-101, Wing Plans Procedures, 24 Jan 01
- AFRCI 10-404, AFRC Unit Notification and Assembly Procedures, 15 Mar 98
- Local installation or base deployment plan

Element EXO.1.1.6 (formerly EXO.1.2.2)

Deployment/Redeployment Processing Support

Evaluation Criteria

Processes were in place to ensure the deployment capability of the installation's forces, including:

- Capability of recalling a group of medical personnel trained to support installation deployment operations (as designated by the organization)
- A mechanism in place to ensure public health is notified of all deploying personnel
- Pre-screening accomplished for medical/dental/mental health and evaluation of medical eligibility for deployment
  - -- Required pre- and post-deployment preventive medicine needs were identified, accomplished and documented (e.g. HIV, TB, immunizations, malaria chemoprophylaxis, mental health, medical and dental clearance for worldwide qualification and other follow-up as required by command authorities)
  - -- When required, pre-deployment serum was drawn within last 12 months and sent to the Armed Services Serum Repository
- DD Forms 2795, Pre-Deployment Health Assessment, completed and placed in individual medical records and copies sent to designated authority
- A process in place to ensure completed original DD Forms 2766, Adult Preventive and Chronic Care Flowsheet, or AF Form 1480, Summary of Care, accompanied member on deployment
- A notification mechanism to advise commanders of personnel deployment limitations associated with worldwide eligibility conditions (medical/dental and mental health conditions)
- Medical intelligence briefings that used current medical information from the deployed location for pre- and post-deployment processing
- Deploying personnel (unit type code and notionally tasked) and their commanders briefed on illness, injuries and disease to include combat stress, climatic and other environmental health threats (e.g., cold, heat, water, food, vector-borne disease, etc.) and their prevention
- Medical intelligence officer coordinated with line intelligence personnel to prepare the medical threat assessment and ensure medical risks were included in the final threat brief to all deploying personnel
- A mechanism existed to distribute and instruct deploying forces on the appropriate use of biological and chemical warfare agent antidotes
- A formal process for post-deployment follow-up of personnel ensured:
  - -- Member completed revised 4-page version of the DD Form 2796, Post Deployment Health Assessment, within 5 days of redeployment
  - -- Face-to-face health interviews with providers completed within 5 days of redeployment
  - -- Post-deployment blood samples were drawn within 30 days of redeployment and forwarded to the DoD Serum Repository

-- Return of issued BW/CW (if not turned in prior to redeployment)
-- Return of DD Form 2766/AF Form 1480

- Military Treatment Facility (MTF) tracked compliance with all deployment health surveillance requirements for each member who deployed. The following requirements were met prior to deployment:
  -- Reserve Component Periodic Health Assessment (RCPHA), immunizations, dental status, mental health and medical record review
  -- Identification and review of duty limiting profiles
  -- Update of original DD Form 2766 (original hand-carried to deployment location and returned to home MTF)
  -- Laboratory tests [G6PD, sickledex, DNA, blood-type, HIV (IAW AFI 48-135, Human Immunodeficiency Virus Program), deployment serum sample within previous 12 months]
  -- DD Form 2795 completed within 30 days prior to deployment with appropriate disposition
  -- Medical equipment (e.g., glasses, hearing aids, etc.)
  -- Personal protective equipment [e.g., hearing protection, dosimeters, gas mask, arthropod countermeasures (e.g., DEET, IDA, Permethrin, etc.)]
  -- 90-day supply of prescription medication(s)
- MTF ensured the following requirements were met following deployment back to home station:
  -- Post-deployment envelopes (containing DD Form 2766, DD Form 2796, vaccination forms, exposure documentation and SF 600, Health Record – Health Record – Chronological Record of Medical Care) were collected and transferred to member's outpatient medical record
  -- DD Form 2796 was reviewed and appropriate disposition completed
  -- Face-to-face deployment assessment conducted, and follow-up with Primary Care Manager (PCM) as required
  -- Post-deployment serum drawn within 30 days of redeployment
  -- TB assessment and malaria prophylaxis requirements reviewed and met

Note: The criteria for this element must either be met through unit personnel and programs or through an actively enforced host-tenant support agreement. The medical unit must monitor deployment/redeployment processing even if accomplished by another agency.

Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:

- Medical unit personnel did not track completion of mandated pre- and post-deployment surveillance requirements (applicable even if responsibility for accomplishment is outside of medical unit via host tenant support agreement)

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Units or personnel did not have proper or complete preventive medicine information or preparation for deployment
- Enhanced post-deployment medical screening requirements were not consistently accomplished or completed within required time frames

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol P-26 is the pertinent protocols for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

Reference(s)

- DoDD 6490.2, Joint Medical Surveillance, 30 Aug 97
- DoDI 6490.3, Implementation and Application of Joint Medical Surveillance and Readiness, 7 Aug 97
- AFI 10-403, Deployment Planning and Execution, 14 Apr 03
- AFI 41-106, Medical Readiness Planning and Training, 12 Feb 03
- AFPAM 44-155, Implementing Put Prevention Into Practice, 1 Feb 99
- AFI 47-101, Managing Air Force Dental Services, 5 May 00
- AFJI 48-110, Immunizations and Chemoprophylaxis, 1 Nov 95
- AFI 48-115, The Tuberculosis Detection and Control Program, 29 Jun 94
- AFI 48-123, Medical Examinations and Standards, 22 May 01
- AFI 48-135, Human Immunodeficiency Virus Program, 1 Aug 00
- Undersecretary of Defense (Personnel and Readiness) memorandum, Enhanced Post-Deployment Health Assessments, 22 Apr 03
- JCS memorandum MCM-0006-02, Updated Procedures for Deployment Health Surveillance and Readiness, 1 Feb 02
- OASD (HA) memorandum, Policy for Use of Force Health Protection Prescription Products, 24 Apr 03
- OASD (HA) memorandum, Policy for Pre and Post Deployment Health Assessment and Blood Samples, 6 Oct 98
- HQ USAF/SG memorandum, Implementation of the Post-deployment Health Clinical Practice Guidelines and Realignment of the Comprehensive Clinical Evaluation Program (CCEP), 21 Jun 02
- HQ USAF/SG memorandum, Medical Procedures for Deployment Health Surveillance, 22 May 03
- HQ AFMOA memorandum, Demobilization of Air Reserve Component (ARC) Members, 19 Jun 02
- HQ AFRC/SG memorandum, Medical Procedures for Deployment Health Surveillance, Demobilization and Extension of Mobilization Orders for Medical Reasons, May 29 03
- HQ ANG/SG Log Letter 03-029, Medical Procedures for Deployment Health Surveillance to Include Enhanced Post-Deployment Health Assessment, 29 May 03
- USD (P&R) memorandum, Enhanced Post-Deployment Health Assessment, 22 Apr 03
- USD (P&R) memorandum, Requirements Associated with the Food and Drug Administration Approval of Pyridostigmine Bromide Tablets as Nerve Agent Pretreatment, 27 Mar 03

Element EXO.1.1.7 (formerly EXO.1.2.3)

Quantitative Fit Testing (QNFT) Program

Evaluation Criteria

- Bioenvironmental Engineer (BE) provided contractor oversight, if applicable
- For units not collocated with active duty host and those collocated units performing QNFT:
  - -- Procedures were established to identify/schedule personnel requiring QNFT
    - --- BE established procedures to obtain lists from Unit Deployment Managers of personnel on mobility status
  - -- QNFT was conducted in accordance with AFI 32-4006, Chap 2
  - -- BE office maintained database with all individual NBC mask QNFT data
  - -- BE reported percentage complete of total fit tests required, by unit, to the wing Readiness/Force Protection Council or equivalent
  - -- Procedures were followed if personnel could not attain the minimum target fit factor:
    - --- All feasible options had been exhausted
    - --- Written notification was made to members' unit commanders
- For collocated units not performing QNFT:
  - -- Procedures were established with the host BE Flight to ensure the unit receives timely and correctly performed QNFT

Note: This evaluation criteria is met either through ARC unit personnel and programs or through an actively enforced host-tenant support agreement. The BE must monitor the QNFT program even if QNFT is accomplished by another agency.

Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:

- Unit Deployment Managers never provided a list of personnel on deployment status to the BE
- Not all required QNFT data was collected

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Training was not conducted IAW AF guidance
- Personnel were not effectively scheduled for training

- Procedures were not followed for personnel unable to attain minimum target fit factor

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
- Although a program had been established, procedures were not followed

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-21 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

Reference(s)

- AFMAN 32-4006, Nuclear, Biological, and Chemical (NBC) Mask Fit and Liquid Hazard Simulant Training, 1 Oct 99
- HQ AFMOA/CC Interim Policy Letter, Gas Mask Quantitative Fit Test (QNFT), 3 Jun 02
- AFRC Quantitative Fit Test (QNFT) Guide, Nov 99
- ANG NBC QNFT Program Implementation Plan

Element EXO.1.1.8 (formerly EXO.1.3.1)

Medical Record Summary Forms

Evaluation Criteria

Medical records of military personnel contained all of the following on DD Form 2766/AF Form 1480A, Adult Preventive and Chronic Care Flowsheet (ANG may utilize AF Form 1480, Summary of Care, until 31 Mar 04):

- Significant chronic illnesses and conditions
- All hospitalizations and surgeries with dates
- Long-term medications (suggested guideline—greater than 90 days continuous use or frequent recurrent needs) prescribed to and/or used by the patient including dosage, frequency and purpose
- Immunization dates, manufacturer and lot numbers (lot numbers may be listed in separate entries on the SF 600, Health Record – Chronological Record of Medical Care, or AF Form 1480B, Adult Preventive and Chronic Care Flowsheet Continuation Sheet; DD Form 2766C, Vaccine Administration Record-Computer Generated, may be used to document all immunization data)
- Current readiness related information, including:
  - -- DNA, G6PD, hemoglobin S, blood type, HIV (actual dates are not required; record "on file" in date block)
  - -- Deployment history (matched related SF 600 entries or pre-deployment questionnaire dates)
- Medical records on flyers and special operational personnel (SOP) included all of the above plus the following:
  - -- Expiration date for any existing waivers
  - -- Participation in the aircrew soft contact lens program and date of last optometry evaluation
  - -- Documentation of any drug pre-testing, including date the testing was accomplished
- The summary form was promptly updated (same visit) to reflect new diagnoses and/or treatments

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:

- Inconsistent documentation in significant areas

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Inaccurate/incomplete documentation potentially placed members at increased risk during deployments

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol P-23 is the pertinent protocol for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

Reference(s)

- AFI 41-210, Patient Administration Functions, 1 Oct 00
- AFPAM 44-155, Implementing Put Prevention Into Practice, 1 Feb 99
- AFI 48-123, Medical Examinations and Standards, 22 May 01

Area EXO.1.2 Force Fitness (formerly EXO.1.3)

Introduction This section contains all elements related to the sustainment of a fit and ready fighting force.

Element Identifiers		Force Fitness	
New	**Old**	**Element Title**	**Page #**
EXO.1.2.1	EXO.1.3.2	Monitoring the Medical Status of Military Personnel	EXO 1-24
EXO.1.2.2	EXO.1.3.3	Worldwide Duty Medical Evaluation/Medical Evaluation Board (MEB) Program Management	EXO 1-26
EXO.1.2.3	EXO.1.3.4	Reserve Component Periodic Health Assessment (RCPHA) and Individual Medical Readiness (PIMR) Management	EXO 1-28
EXO.1.2.4	EXO.1.3.7 EXO.1.3.8	Reserve Component Periodic Health Assessment (RCPHA)/Physicals – Clinical and Administrative Requirements for Flying & Non-Flying Personnel	EXO 1-30
EXO.1.2.5	NEW	Clinical Follow-up of Abnormal Laboratory Tests, Vital Signs and Consults	EXO 1-33
EXO.1.2.6	EXO.1.3.5	Immunization Services	EXO 1-35
EXO.1.2.7	EXO.1.3.6	Dental Readiness Classifications	EXO 1-37

Element EXO.1.2.1 (formerly EXO.1.3.2)

Monitoring the Medical Status of Military Personnel

Evaluation Criteria

- Personnel with medical conditions impacting duty performance or assignment restrictions were appropriately profiled
- Temporary duty restriction profiles reflected the physical impairments with appropriate release dates and reasonable restrictions
- Profiles were generated expediently (suggested guideline—final copy filed in member's medical record by following unit training assembly)
- Personnel requiring a worldwide duty medical evaluation/medical evaluation board for disqualifying duty or non duty-related medical conditions had been appropriately referred
- 4T profiles were revalidated monthly with data from the Military Personnel Flight (AFRC- Assignment Limitation Code C and Deployment Availability Code rosters)
- Medical records of newly assigned installation personnel were thoroughly reviewed, and the review was documented on SF 600, Health Record – Chronological Record of Medical Care
- AF Forms 422, Physical Profile Serial Report, for individuals not medically qualified for mobility were appropriately annotated, for both medical and/or dental limitations
- Members who failed to complete medical requirements (e.g., periodic medical and/or dental examinations, etc.) were profiled when their current medical/dental requirements expired
- Unit commanders and deployment managers were promptly notified of a member's duty restriction affecting deployable status
- A mechanism was in place to track flying and non-flying waivers
- The waiver file was properly updated
- Existing waivers were evaluated prior to expiration and did not expire
- All relevant medical information was sent to appropriate waiver authority

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- One or more individuals with medical conditions causing duty limitations were not appropriately profiled

- The monthly 4T profile review was not consistently performed
- A number of profiles contained inappropriate duty restrictions
- One or two waivers were overdue for renewal and unrecognized as such; interim follow-up requirements were missed

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-23 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

Reference(s)

- DoDD 5154.25, DoD Medical Examination Review Board, 11 Jun 81
- AFI 48-123, Medical Examinations and Standards, 22 May 01

Element EXO.1.2.2 (formerly EXO.1.3.3)

Worldwide Duty Medical Evaluation / Medical Evaluation Board (MEB) Program Management

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Evaluation Criteria

Procedures were in place to manage worldwide duty medical evaluations/MEBs for members with disqualifying non-duty related medical conditions:

- Members with identified medically disqualifying conditions were appropriately referred for medical evaluations
- Required medical documentation from civilian medical providers was provided to medical unit within specified time frame or appropriate entries were annotated on SF 600, Health Record – Chronological Record of Medical Care
  -- Consultations required for worldwide duty medical evaluations/MEB processing were not over 90 days old
- Patients were briefed on MEB/Physical Evaluation Board (PEB) process and facts
- A system was in place to monitor program objectives and compliance with established timelines
- Required notifications were accomplished following MEB/MAJCOM SG review and disposition

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:

- Personnel were not counseled on MEB/PEB processes

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- Multiple cases exceeded timeliness standards without documentation of legitimate, reasonable mitigating factors
- Members with medically disqualifying conditions were not referred for appropriate medical evaluations

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-23 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

Reference(s)

- AFI 36-3212, Physical Evaluation for Retention, Retirement, and Separation, 30 Sep 99
- AFI 44-157, Medical Evaluation Board (MEB) and Continued Military Service, 12 Dec 00
- AFI 48-123, Medical Examinations and Standards, 22 May 01

Element EXO.1.2.3 (formerly EXO.1.3.4)

Reserve Component Periodic Health Assessment (RCPHA) and Individual Medical Readiness (PIMR) Management

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Evaluation Criteria

- A clearly identified leadership body was responsible for the RCPHA process (e.g., Aerospace Medicine Committee, Executive Management Committee or other chartered group). This group:
  -- Identified education and training needs for the medical staff
  -- Ensured adequate resources (personnel, budget, training, etc.)
- Periodic Health Assessment Monitors (PHAM)/Health Care Providers (HCP) were trained (initial and recurrent) in general occupational health issues and any unique aspects of their assigned squadrons
- Personnel who may administer the Health Risk Assessment (HRA) or the PIMR health history were trained to recognize significant responses on the forms, obtain appropriate follow-on information, and refer to PHAM/HCPs or other sections in a timely fashion
- All personnel received a RCPHA annually *(ANG has an additional 6-month window, until 1 Jul 04, to accomplish this requirement)*
- PIMR statistics (e.g., Individual Medical Readiness [IMR] rate) were tracked monthly and summary noncompliance reports were prepared for each squadron at least quarterly (ANG only)
- RCPHA statistics were tracked monthly and individual unit and overall installation compliance rates were reported to the medical unit commander and other installation commanders, as appropriate (AFRC only)
  -- Persistent problems with compliance were elevated through the medical chain-of-command for assistance and appropriate supporting action

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:

- Not all required RCPHAs had been accomplished
- Training was insufficient

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- A considerable number of RCPHAs were overdue
- There was inadequate oversight/executive support of the physical assessment process

- IMR rates did not meet ANG Implementation Guidelines

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
- A significant number of RCPHAs were overdue
- Medical unit personnel were unable to present data that demonstrated the installation RCPHA compliance rate

- 0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol P-23 is the pertinent protocols for this element.

Inspector Contact For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

Reference(s)
- AFI 48-101, Aerospace Medical Operations, 11 Jul 94
- HQ USAF/SG memorandum, Guidelines for the Implementation of Preventive Health Assessment and Individual Medical Readiness (PIMR) at Air Force Medical Treatment Facilities, 28 Dec 01
- HQ AFRC/SG memorandum 01-07, Implementation of Reserve Component Periodic Health Assessment (RCPHA), 6 Jul 01
- Air National Guard Reserve Component (ANG) Periodic Health Assessment (RCPHA) Implementation Plan, 1 Aug 02
- Reserve Component Periodic Health Assessment (RCPHA) Implementation Plan, 20 Jul 01

Element EXO.1.2.4 (formerly EXO.1.3.7 and EXO.1.3.8)

Reserve Component Periodic Health Assessments (RCPHA)/ Physicals — Clinical and Administrative Requirements for Flying & Non-Flying Personnel

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Evaluation Criteria

- Annual periodic health assessments, initial flying (Classes I, IA, II, III), initial and renewal flying waivers, and other flying or special operations examinations were conducted IAW regulatory guidance and documented on the appropriate form (SF 600, Health Record – Chronological Record of Medical Care, RCPHA overprint; SF 88, Medical Record – Report of Medical Examination; SF 93, Report of Medical History; AF Form 1042, Medical Recommendations for Flying or Special Operational Duty; etc.)
  - -- All clinical testing requirements were met for each RCPHA
  - -- Documentation was available in the member's medical record for all examinations
- Recent and significant past medical history was assessed and documented
  - -- There was clear evidence that an appropriate review of the health risk assessment (HRA)/PIMR health history was done, and those requiring additional evaluation were forwarded to the Periodic Health Assessment Monitor (PHAM)/Health Care Provider (HCP)
  - -- Appropriate additional tests or referrals were requested
- RCPHAs/flying physicals were completed (defined as final copy filed in the member's medical record) within 2 UTAs or as designated by the medical unit commander; if not, documentation was evident as to status of completion
- Abnormal labs and physical findings were identified/documented, and individuals were notified of recommendation to follow-up with a private medical provider, as appropriate
  - -- Profile changes or worldwide duty medical evaluations/medical evaluation boards were initiated if indicated
- Medical/behavioral risk factors were identified/documented, and members notified of recommendation to follow-up with a private medical provider, as appropriate
- A flight surgeon or credentialed provider completed the professional portion of the appropriate exam
- DD Form 2766, Adult Preventive and Chronic Care Flowsheet/AF Form 1480A, Summary of Care, was updated during the RCPHA
- If the physical exam had expired, flying personnel were placed in duties not to include flying status and non-flyers were placed in non-qualified worldwide status via AF Form 422, Physical Profile Serial Report, IAW specific ARC guidance
- Female members had baseline mammography completed at age 40 and subsequent mammography exams in accordance with the RCPHA grid

- The member's commander was notified of any member's failure to complete an examination

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Exams were deficient in one or more of the following areas:
  - Abnormal findings or lab results were not appropriately addressed
  - Significant responses on the health history were not addressed

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- Significant findings or lab results were not acknowledged
- Examinations were incomplete and failed to ensure the individual was medically qualified for flying

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-23 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

Reference(s)

- AFPAM 44-155, Implementing Put Prevention Into Practice, 1 Feb 99
- AFI 48-101, Aerospace Medical Operations, 11 Jul 94
- AFI 48-123, Medical Examinations and Standards, 22 May 01
- HQ USAF/SG memorandum, Guidelines for the Implementation of Preventive Health Assessment and Individual Medical Readiness (PIMR) at Air Force Medical Treatment Facilities, 28 Dec 01
- HQ AFRC/SG memorandum 01-07, Implementation of Reserve Component Periodic Health Assessment (RCPHA), 6 Jul 01
- Air National Guard Reserve Component (ANG), Periodic Health Assessment (RCPHA) Implementation Plan, 1 Aug 02
- Reserve Component Periodic Health Assessment (RCPHA) Implementation Plan, 20 Jul 01

Element EXO.1.2.5 (NEW)

Clinical Follow-up of Abnormal Laboratory Tests, Vital Signs and Consults

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Evaluation Criteria

- Patient notification of abnormal laboratory test results was documented
- Abnormal laboratory test follow-up recommendations were documented in the medical record (e.g., retest, dietary consult, medications)
  -- Provider review was documented in the medical record
- Abnormal blood pressure readings were addressed IAW applicable administrative and clinical guidelines
  -- Follow-up recommendations (e.g., 5-day blood pressure checks, counseling, dietary consult, medications) were documented in the medical record
- Follow-up of consults was documented through closure
  -- Documentation of provider review of consults existed in the medical record

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:

- 80 – 89 percent of abnormal laboratory tests, blood pressure readings or consults had provider review, patient notification or follow-up recommendations documented in the medical record

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- 70 – 79 percent of abnormal laboratory tests, blood pressure readings or consults had provider review, patient notification or follow-up recommendations documented in the medical record

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- 60 – 69 percent of abnormal laboratory tests, blood pressure readings or consults had provider review, patient notification or follow-up recommendations documented in the medical record

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

- Less than 60 percent of abnormal laboratory tests, blood pressure readings or consults had provider review, patient notification or follow-up recommendations documented in the medical record

NA**:** Not scored.

Protocol

P-23 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component medical manager inspector.

Reference(s)

- AFPAM 44-155, Implementing Put Prevention into Practice, 1 Feb 99
- AFI 48-123, Medical Examinations and Standards, 22 May 01
- OASD (HA) Policy memorandum 98-007, Policy For Specialty Care Consultants, 7 Jan 98
- HQ USAF/SG memorandum, Filing of Outpatient Computerized Laboratory and Radiology Reports, 28 Feb 97
- HQ USAF/SG memorandum, Guidelines for the Implementation of Preventive Health Assessment and Individual Medical Readiness (PIMR) at Air Force Medical Treatment Facilities, 28 Dec 01
- PCO Implementation Guide

Element EXO.1.2.6 (formerly EXO.1.3.5)

Immunization Services

Evaluation Criteria

- Procedures existed for determining appropriate immunization requirements and dosages
- Procedures existed to determine allergies, previous hypersensitivity reactions and pregnancy status when appropriate
- Emergency care and/or emergency response was immediately available during all immunization activities (e.g., mobility processing, annual influenza program)
  - -- A person capable of treating anaphylaxis and the minimal necessary equipment (epinephrine, airway) was present
  - -- The capability to contact an on-call military or civilian physician by phone or radio and the capability to activate the Emergency Medical System (EMS) was maintained when immunizations were given
- Immunization waivers were appropriately coordinated and approved
- An accurate database for tracking military immunization status existed, e.g., Air Force Centralized Immunization Tracking Application (CITA)
- Immunization clinic provided immunization compliance reports to commanders
- Military members were current in tetanus and influenza
- Units tracked and managed tuberculosis (TB) read return rates (e.g., # returned / # placed x 100 = TB read return rate)
- Adverse vaccine reactions were reported to the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC), using Form VAERS-1 (FDA), Vaccine Adverse Event Reporting System (VAERS)
- Vaccine adverse reaction reports and filing instructions were readily accessible to providers and patients
- Training of primary immunization technicians, identified immunization back up technicians (IBT) and immunization augmentees (IA) was accomplished and properly documented

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Standards for currency of influenza and tetanus immunizations were not met

- Adverse reactions were not recorded using the Form VAERS-1
  - Continuity of care was not easily discernable in the medical records
- Emergency response requirements were not coordinated or available
- Required training for IBTs and IAs was not completed
- Expired immunizing agents
- TB read return rates were not tracked or managed

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
- Adverse reaction treatment or follow-up was inadequate or inappropriate
- Deficiencies in personnel knowledge or practices led to substandard patient care or impacted safety and efficiency of immunizations

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-10 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

Reference(s)

- AFJI 48-110, Immunizations and Chemoprohylaxis, 1 Nov 95
- JCS memorandum MCM 006-02, Updated Procedures for Deployment Health Surveillance and Readiness, 1 Feb 02
- HQ USAF/SG memorandum, Immunization Program Management, 14 Feb 00
- HQ USAF/SG memorandum, Automated Documentation of Child and Adult Immunizations, 25 Jul 00
- HQ ANG/SG Log Letter 01-037, Administration of Immunizations by ANG Personnel, 28 Aug 01
- HQ ANG/SGO, Consolidated Memorandum, 1 Jul 03

Element EXO.1.2.7 (formerly EXO.1.3.6)

Dental Readiness Classifications

Evaluation Criteria

- Air Force members were correctly placed in dental readiness classification 1, 2, 3 or 4 as defined in ASD (HA) Policy Memorandum 02-011
- Members in dental classification 2 were issued a notification memorandum and apprised of their problems
  -- Treatment recommendations were documented on the SF 603, Health Record-Dental / SF 603A, Health Record-Dental Continuation, as preventive dental counseling (PDC)
- Members in dental classification 3 and 4 were identified/closely monitored:

ANG:

-- Members identified as dental classification 3 were immediately profiled P4T with a release date not to exceed 1 year
--- AF Form 422, Physical Profile Serial Report, was initiated by the examining dental officer and processed IAW directives
--- Members were issued a notification memorandum and a disqualifying memorandum to their civilian dentist, indicating treatment to be accomplished
--- A completed AF Form 422 was filed in the dental record
--- Medical unit notified commanders of their responsibility for obtaining State Air Surgeon approval for their members in dental classification 3 to attend Inactive Duty for Training
--- Medical unit monitored and tracked all dental classification 3 profiles
--- Medical unit notified members and their commanders/first sergeants (with courtesy copy to wing commander) when AF Forms 422 expired without members completing treatment
--- Medical unit forwarded a copy of AF 422 with noncompliance memorandum to ANG/SGSE when members failed to complete treatment
--- SF 513, Medical Record – Consultation, and AF Form 1042, Medical Recommendation for Flying or Special Operational Duty, was completed on all personnel identified in dental classification 3 recommending duties not including flying (DNIF)
--- Members identified as dental classification 4 completed a Type 2 exam within 90 days of entry into dental classification 4
---- Members in dental classification 4 for longer than 90 days were managed according to procedures outlined for dental classification 3 patients

AFRC:

-- Personnel identified as dental classification 3 were immediately profiled P3 (for correctable conditions) or P4T (for non-correctable conditions)
--- The medical unit notified commanders when personnel in dental classification 3 failed to correct disqualifying dental conditions within 12 months

--- Members in dental classification 4 completed a Type 2 dental exam within 90 days of entry into dental classification 4

Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- A significant number of members had been in dental classification 4 over 90 days due to appointment non-availability

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

Protocol

P-22 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

Reference(s)

- AFPD 47-1, Dental Services, 7 Sep 93
- AFI 47-101, Managing Air Force Dental Services, 5 May 00
- AFI 48-123, Medical Examinations and Standards, 22 May 01
- OASD (HA) Policy memorandum 02-011, Policy on Standardization of Oral Health and Readiness Classifications, 4 Jun 02

Area EXO.1.3 Training (formerly EXO.1.4)

Introduction This section contains all elements related to unit training programs.

Element Identifiers		Training	
New	**Old**	**Element Title**	**Page #**
EXO.1.3.1	EXO.1.4.1	Exercise Requirements, Development and Evaluation	EXO 1-40
EXO.1.3.2	EXO.1.4.2	Self-Aid and Buddy Care (SABC) Program	EXO 1-43
EXO.1.3.3	EXO.1.4.3	Bioenvironmental Engineering Readiness	EXO 1-45
EXO.1.3.4	EXO.1.4.4	Medical Unit Readiness Training (MURT) Requirements	EXO 1-47
EXO.1.3.5	EXO.1.4.5	Training With War Reserve Materiel (WRM) Assemblages	EXO 1-50
EXO.1.3.6	EXO.1.4.6	Air Force Specialty Code (AFSC) Specific Sustainment Training	EXO 1-52
EXO.1.3.7	LDR.3.2.2	Supervisory Involvement – On-the-Job Training (OJT)	EXO 1-54
EXO.1.3.8	LDR.3.2.3	Basic Life Support (BLS) Training	EXO 1-57

Element EXO.1.3.1 (formerly EXO.1.4.1)

Exercise Requirements, Development and Evaluation

Evaluation Criteria

- Commander appointed exercise evaluation team (EET) chief and representative(s) to wing EET in writing (IAW local requirements)
  -- EET chief performed duties defined in AFI 41-106
- EMC:
  -- Reviewed and approved unit readiness exercise schedule prior to new calendar year
  -- Included planning and execution (mass casualty or other exercises, as applicable)
- Annual mass casualty exercise:
  -- Medical personnel tasked in support/response plans participated
  -- Participation consistent with taskings specified in wing plans
- Field training exercise:
  -- Completed by all personnel assigned to deployable UTCs
  -- Completed at a site approved by ANG or AFRC Surgeon General
  -- Equivalency credit:
    --- Completed at a site listed in AFI 41-106, Attachment 4
    --- Operational deployment or exercise not listed in Attachment 4
      ---- Request for credit submitted to ANG or AFRC/SGX
      ---- Met specifics defined under para 5.6, AFI 41-106
  -- ANG/AFRC unit requirement = every fourth training cycle (60 months)
- Exercise requirements:
  -- Scenarios were realistic and contingency based
    --- Met AFSC-specific competency training objectives
    --- Met Non-AFSC (medical readiness) training objectives
    --- Unit evaluated objectives using EET
  -- Post-exercise or incident critiques were conducted by team chiefs, exercise evaluators, key players, medical readiness staff, and addressed:
    --- Crossfeed among participants
    --- Problems not annotated by EET
    --- Training deficiencies
    --- Areas for improvement
  -- Post-exercise or incident summaries
    --- Coordinated, consolidated and submitted to EMC by MRO
    --- Included comprehensive summary report, focusing on unit involvement
    --- Provided a forum for written/verbal inputs from team chiefs/EET
    --- Documented effectiveness of planning guidance, training programs and operational responses
  -- Summary report
    --- Reviewed by EMC (copy of report attached to meeting minutes)
    --- Discussed identified areas of concern
    --- Developed corrective actions with estimated completion dates

--- Tracked open items until resolved and closed
--- Elevated corrective actions beyond unit control
--- Reviewed and approved recommended changes to base plans

Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Exercise plans and scenario development were conducted, but post-exercise or incident summaries were not accomplished
- Exercise plans were not fully developed with input from team leaders and section chiefs that incorporated AFSC specific training objectives
- Scenario development did not reflect likely contingency taskings
- Post-exercise/incident summaries were accomplished, but did not include input from team chiefs/leaders, evaluators and participants

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- Exercises were scheduled but not accomplished
- Exercise plans/scenario development lacked key components (e.g., AFSC specific, UTC specific and medical readiness training objectives)
- Significant percentage of assigned medical personnel did not participate in scheduled exercises

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-32 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.

Reference(s)

- AFMAN 10-401 V1, Chap 27 (reference), Operation Plan and Concept Plan Development and Implementation, 19 May 03
- AFMAN 10-401 V2, Annex Q (reference), Planning Formats and Guidance, 1 May 98
- AFI 10-2501, Full Spectrum Threat Response Planning and Operations, 24 Dec 02
- AFI 41-106, Medical Readiness Planning and Training, 12 Feb 03
- AFRCI 10-101, Wing Plans Procedures, 24 Jan 01
- Unit DOC Statement / Mission Capability Statement(s)
- AFRC and ANG supplements, if applicable

Element EXO.1.3.2 (formerly EXO.1.4.2)

Self-Aid and Buddy Care (SABC) Program

Evaluation Criteria

The SABC Advisor accomplished the following:
- Acted as point-of-contact for unit SABC monitors
- Scheduled and conducted SABC instructor training
- Evaluated unit SABC programs annually
  -- Verified that unit instructors kept their certification current
    --- ANG instructors taught 2 classes per year
    --- AFRC instructors taught 2 classes within 2 years
- Validated the quality of training at the unit level
- Established requirements through base Visual Information Service Center (or US Army Visual Information Center) for SABC course video
- Provided certification letters to unit commanders for each person successfully completing the SABC instructor training program
- Ensured instructors were aware of HQ USAF/IL policy requiring SABC training for all military personnel

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-20 is the pertinent protocol for this element.

Inspector Contact	For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

Reference(s)

- AFI 36-2238, Self-Aid and Buddy Care Training, 1 Sep 96
- AFI 36-2238, AFRC Sup 1, 10 Oct 97
- AFI 41-106, Medical Readiness Planning and Training, 12 Feb 03
- HQ USAF/SGX memorandum, Self-Aid and Buddy Care Requirements for Medical Service Personnel, 2 Apr 02
- HQ USAF/IL memorandum, Air Force Installation Actions For Response To Terrorist Attacks With Weapons of Mass Destruction (WMD), 15 Nov 01

Element EXO.1.3.3 (formerly EXO.1.4.3)

Bioenvironmental Engineering Readiness

Evaluation Criteria

- The nuclear, biological and chemical (NBC) medical defense officer (MDO):
  -- Provided or supervised NBC training for the medical unit
  -- Worked closely with base Civil Engineer (CE) Readiness Flight to verify that base and medical NBC training provided consistent instruction

<u>For units not collocated with active duty host</u>:

- NBC MDO acted as primary medical focal point on hazardous material (HAZMAT) issues:
  -- Ensured medical first responders received the appropriate level of Hazardous Waste Operations and Emergency Response (HAZWOPER) training; initial and annual refresher training was appropriately documented
  -- Inspected all medical unit NBC detection equipment for proper maintenance, and trained medical personnel operators on the equipment prior to use
- BE conducted water vulnerability assessment jointly with CE to cover natural and man-made disasters
- BE conducted installation water surveillance to ensure nominal water quality during natural and man-made disasters involving physical damage or chemical and biological contamination
- BE checklists were coordinated and linked to the Installation Full Spectrum Threat Response (FSTR) Plan 10-2 to ensure adequate response
- As a member of the disaster control group, BE had procedures in place to do the following at accident or disaster sites:
  -- Evaluate health hazards
  -- Determine protective measures and equipment
- BE checklists were developed for foreseeable accidents and contingencies (e.g., chemical spills, fuel spills and incidents involving advanced composites, natural disasters, radiological, and weapons of mass destruction incidents)

Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment.

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-21 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component MSC inspector.

Reference(s)

- AFI 10-2501, Full Spectrum Threat Response (FSTR) Planning and Operations, 24 Dec 02
- AFMAN 32-4004, Emergency Response Operations, 1 Dec 95
- AFI 41-106, Medical Readiness Planning and Training, 12 Feb 03
- AFI 48-101, Aerospace Medical Operations, 11 Jul 94

Element EXO.1.3.4 (formerly EXO.1.4.4)

Medical Unit Readiness Training (MURT) Requirements

Evaluation Criteria

- Commander, EMC, MRO/MRNCO ensured:
  - -- Master MURT and exercise plan developed IAW AFI 41-106, Atch 3 & 7 (or ANG/AFRC supplemental guidance); refer to EXO.1.3.1 for exercise requirements
    - --- Outlined training requirements
      - ---- Application, responsibilities for conducting training and how make-up training will be accomplished
    - --- Submitted (by MRO) and approved (by EMC) prior to beginning of calendar year
    - --- AFRC units forwarded copy of approved plan to NAF RSG/SG
    - --- ANG units submitted plan, if requested by ANG/SGX or GMAJCOM/SGX
  - -- Personnel trained IAW requirements established in AFI 41-106 and other applicable directives
    - --- Included Squadron Medical Element (SME)/Geographically Separated Unit (GSU) medical personnel
  - -- MURT currency routinely monitored and evaluated
    - --- Documented review in EMC minutes at least quarterly
      - ---- Included status of unit, SME and GSU medical personnel
- Core requirements:
  - -- Received by all assigned medical personnel
  - -- Defined in AFI 41-106, Attachment 3 (as applicable)
  - -- Completed within 6 months of being assigned/accessed
    - --- Following BMT or AFSC awarding school/course
  - -- Currency maintained IAW AFI 41-106, Attachment 3
  - -- Unit mission briefing included:
    - --- Wartime, disaster response, humanitarian assistance, homeland security/defense missions (as applicable)
    - --- Incorporated into unit orientation program
- SORTS T-level measurement training requirements:
  - -- Provided to sufficient numbers of personnel to maintain a mission-ready status (T-level)
    - --- Individuals assigned to mobility positions maintained currency in all reportable training requirements
  - -- Defined in AFI 41-106, para 5.4 and Attachment 3
- Equivalent credit for Core/SORTS requirements:
  - -- Utilized formal course credit listed in AFI 41-106, Attachment 4
- Training documentation:
  - -- Documented on any locally developed tracking from (e.g., AF Form 1098, Special Task Certification and Recurring Training) or using equivalent automated system

--- AFRC units will use WBITS
-- Maintained for current and previous training cycles
-- Credentialed providers data recorded into CCQAS
-- Method existed to capture training data for newly accessed personnel
-- Method existed to provide training data to departing personnel
- Computer-based training:
-- If utilized to deliver knowledge based MURT
--- Developed mechanism to ensure information is assimilated (e.g., post-tests)
- Process existed to manage personnel during initial assignment to unit and/or mobility position
-- Core/SORTS and deployment training IAW AFI 41-106, Attachment 3, completed within 6 months of accession (as applicable)
-- Ensured personnel assigned to mobility position received deployment training IAW AFI 41-106, Attachment 3
-- Field training completed at next available opportunity

Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
- MURT requirements were not consistently accomplished
- Training plans and programs were not comprehensive

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples includes, but are not limited to:
- Core or SORTS training requirements were not identified or trained
- SORTS C-level negatively impacted by not maintaining training currency

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol	P-32 is the pertinent protocol for this element.
Inspector Contact	For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.
Reference(s)	• DoDI 1322.24, Medical Readiness Training, 12 Jul 02 • AFI 10-201, Status of Resources and Training System, 12 Dec 03 • AFI 41-106, Medical Readiness Planning and Training, 12 Feb 03

Element EXO.1.3.5 (formerly EXO.1.4.5)

Training With War Reserve Materiel (WRM) Assemblages

Evaluation Criteria

- Units tasked with UTC deployable personnel and its associated WRM assemblages (e.g., ATC, EMEDS, CCATT)
  - -- Personnel exercised assemblages every other AEF training cycle
    - --- Exercise included marshalling, staging and set-up
  - -- Documented evidence of real world deployment satisfies requirement
- Units not possessing WRM assets
  - -- Personnel assigned to deployable UTCs briefed on applicable CONOPS and WRM allowance standards
  - -- Documentation of real world deployment satisfies requirement

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Processes to train personnel or evaluate status of WRM assemblages were inefficient or ineffective

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- ATC/EMEDS assemblages were not exercised every training cycle
- Unit personnel had not received hands-on training with assemblages because they were not current in field training requirements

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-32 is the pertinent protocol for this element.

Inspector Contact	For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.

Reference(s)

- AFI 41-106, Medical Readiness Planning and Training, 12 Feb 03

Element EXO.1.3.6 (formerly EXO.1.4.6)

Air Force Specialty Code (AFSC) Specific Sustainment Training

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Evaluation Criteria

Readiness Skills Verification Program (RSVP) elements:

- Commander appointed in writing a functional training manager as OPR for each AFSC assigned to the unit
- Executive Management Committee (EMC):
  - -- Reviewed program status (at least quarterly)
    - --- Included a review of elements that exceed unit training capabilities
- Functional training managers:
  - -- Identified training requirements using the appropriate database
  - -- Reviewed training requirements
  - -- Identified personnel whose training requirements were satisfied during daily practice (to include civilian employment), routine in-services, exercises, etc.
  - -- Coordinated with medical readiness and/or education and training (or appropriate unit staff functions) to determine methodology and timeline for scheduling and completion of training
  - -- Maintained a continuity folder that records, at a minimum:
    - --- Who received training
    - --- What training had been completed
    - --- When training completed
    - --- What requirements could not be trained within unit capabilities
    - --- Automated tracking systems may be used in lieu of a continuity folder
  - -- Ensured training was documented on an AF Form 1098, Special Task Certification and Recurring Training, or equivalent (approved automated database may be used)
- Gap analysis was accomplished
  - -- Strategic plans were developed to accomplish identified training needs
- EMC notified MAJCOM of tasks the unit was unable to train on locally or through established programs (civilian and military)
- Units incorporated AFSC specific training requirements in the annual medical readiness training plan
- Mechanism was in place to train personnel who were absent or excused from scheduled training

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment.

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Majority of personnel were trained, but unit did not have an effective make-up training program for those who missed scheduled training
- Training documentation was inadequate
- Some functional training managers were not accomplishing assigned duties and responsibilities
- MAJCOM had not been informed of training deficiencies in the RSVP

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment.

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA**:** Not scored.

Protocol

P-30 is the pertinent protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.

Reference(s)

- AFI 41-106, Medical Readiness Planning and Training, 12 Feb 03
- AFRCI 41-102, Air Force Reserve Medical Services AFSC Sustainment Program, 14 Jul 00
- HQ USAF/SG memorandum, Implementation of Readiness Training Requirements, 23 Jan 03

Element EXO.1.3.7 (formerly LDR.3.2.2)

Supervisory Involvement – On-the-Job Training (OJT)

Evaluation Criteria

Unit supervisors:

- Developed a master training plan (MTP) for all work centers to ensure 100 percent task coverage; at a minimum, the plan included:
  - -- Master Task Listing that identified core, duty and critical tasks
  - -- Current Career Field Education and Training Plan (CFETP)
  - -- Locally developed AF Form 797, Job Qualification Standard Continuation Sheet (if applicable)
  - -- Identified projected timeframe during which trainee will complete core tasks and Career Development Course (CDC), as required
- Attended quarterly training meetings conducted by the Unit Training Manager (UTM)
- Maintained 6-part training folders for required personnel IAW CFETP
  - -- Documented training progression on AF Form 623a, OJT Record Continuation Sheet, to include:
    - --- CDC and task progression
    - --- Contingency and wartime training
    - --- Training strengths/weakness/attitude and corrective action implemented
    - --- Supervisor/trainee signature and date on all entries
    - --- Documented all interruptions in training affecting trainee's progress
  - -- Conducted and documented work center orientation within 120 days of assignment
  - -- Conducted and documented (on AF Form 623a) an initial evaluation of knowledge and skills within 120 days of assignment to include, as a minimum:
    - --- Review of Part I of the CFETP
    - --- Work center MTP and contingency/wartime training
    - --- Supervisor and trainee responsibilities
  - -- Ensured certifiers evaluated and validated core tasks
- Initiated action to award skill level when trainee met all upgrade requirements defined in the CFETP
  - -- Verified the individual's training folder had documented evidence to support upgrade actions
- Administered the work center CDC program:
  - -- Adhered to 60-day timeline, per volume, for completion of CDCs
  - -- Unit review exercises (URE):
    - --- Scored and filled in the bottom of Field Scoring Sheet
    - --- Conducted review training with trainee on missed areas
    - --- Conducted and documented (on AF Form 623a) a comprehensive review of the entire CDC with trainee in preparation for course examination

--- Maintained Field Scoring Sheet in training folder until course completion
--- Conducted and documented a comprehensive review of the entire CDC with trainee in preparation for course examination at the completion of last URE
-- Conducted appropriate follow-up to course examination failures

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:
- Missing or misfiled documents in the 6-part training folder
- Supervisors did not routinely attend UTM training meetings

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:
- Core tasks were not consistently identified or certified
- Inconsistent/inappropriate documentation on AF Form 623a
- Initial evaluation of knowledge/skills not consistently accomplished
- CDC program was not effectively administered

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:
- Functional work centers did not have an accurate/current MTP
- 6-part training folders contained outdated CFETPs
- CDC program was inefficient or not effectively managed
- Individuals had received skill-level upgrades without all CFETP defined training requirements accomplished

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

NA: Not scored.

Protocol

P-31 is the pertinent protocol for this element.

Inspector Contact	For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component enlisted medical inspector.

Reference(s)

- AFI 36-2201, Volume 3, Air Force Training Program on the Job Training Administration, 30 Sep 02
- CFETP (AFSC specific)

Element EXO.1.3.8 (formerly LDR.3.2.3)

Basic Life Support (BLS) Training

Evaluation Criteria

- All personnel received BLS training as required by AFI 44-102
- There was an effective management system in place for scheduling, training, tracking and reporting individual and squadron currency for BLS
- Emergency resuscitation training coordinator was appointed in writing

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Scoring

4: Meets criteria. Programs are efficiently managed and comply with applicable directives.

3: Minor deficiency. Minor program deficiencies exist, but are unlikely to compromise mission accomplishment. Examples include, but are not limited to:

- Training coordinator not appointed in writing
- Ineffective management system in place for tracking training
- Training for personnel required to maintain current registration in BLS had expired, but appropriate action had been taken to remove them from direct patient care

2: Major deficiency. Does not meet some mission requirements. Programs are not effectively managed. Major program deficiencies exist that may significantly impede or limit mission accomplishment. Examples include, but are not limited to:

- Training for a significant number of personnel required to maintain current registration in BLS had expired, but appropriate action had been taken to remove them from direct patient care

1: Critical deficiency. Does not meet minimum mission requirements. Programs are not adequately managed. Critical program deficiencies exist that may preclude or seriously limit mission accomplishment. Examples include, but are not limited to:

- Training for personnel required to maintain current registration in BLS had expired and no actions had been taken to remove them from direct patient care
- Training program was in place, but ineffective or maintained in such a manner that assessment of the unit's BLS training rate was not feasible

0: Program failure. Does not comply with standards. Programs do not meet the minimum provisions of the element. Adverse mission impact had occurred or was highly likely to occur.

N/A: Not scored.

Protocol

P-7 is the protocol for this element.

Inspector Contact

For assistance interpreting this element, please call DSN 246-2426 and request an Air Reserve Component nurse inspector.

Reference(s)

- AFI 44-102, Community Health Management, 17 Nov 99
- HQ ANG/SG Log Letter 03-027, Rescission of ANGI 41-104, ANG Medical Service Function and Emergency Response Capability, dated 31 Mar 96, 28 May 03